



**University of Minnesota
Post-Secondary Enrollment Options Program
Student Information Form**

Personal Information

Last Name _____ First Name _____ Middle Initial _____
City _____ State _____ Zip Code _____
Home Phone (____) _____ - _____ Email Address _____
Parent or Guardian's Name _____
Address if different than student's _____

Registration Information

Have you ever taken a U of MN class (including UMTYMP and CIS)? _____
Yes/No
If YES, provide your U of MN ID# _____
During which semester do you plan to enroll in the PSEO Program? _____
Fall/Spring Year

High School Information

Name of School _____ Type _____ Graduation year _____
Public/Private/Home
High School Counselor _____ Counselor's Phone Number (____) _____ - _____

Residency Information

How long have you lived in the United States? _____ Type of Visa (if applicable) _____
Are you a United States Citizen? _____ If NO, specify country of citizenship _____
Yes/No
Is English your native language? _____ If NO, have you taken the MELAB or TOEFL? _____
Yes/No Yes/No

Confidential Information (Optional)

The information requested below is voluntary and will be used for summary reports required by federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Gender: Male Female

Predominant Ethnic Background (check all that apply):

African American (non-Hispanic origin)

American Indian or Alaskan native

Asian or Pacific Islander

Chicano

Hispanic

White, non-Hispanic

Other (please specify): _____

Access to your File (Optional)

Privacy Statement

The University of Minnesota complies with federal and state laws and regulations. Your information, including your admission status and grades, will NOT be shared with anyone aside from your high school, including your parents and guardians, unless you give written consent. If you want the University to disclose your information to someone other than yourself (e.g., your parents), you MUST complete the information below. You have the right to inspect your own file. Unless required by federal or state law, no one else may review your file without your written consent. Please note: Our office will not release grade information or application decisions over the phone or via email to anyone, including students.

Access to your File:

I hereby authorize the Advanced High School Student Services Office to release information in my file to the following person(s):

Name of Person(s) _____ Relationship to Student _____

Address _____

Student Signature

The information contained within this form is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for denial of admission or dismissal from the PSEO Program.

Signature _____ Date _____

This publication is available in alternative formats upon request; contact the Advanced High School Student Services office at 612-626-1666. The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. Rev 03/07.

NOTE: Complete a separate form for each instructional term, **and** for each postsecondary institution attending (please print & use black ink)

1	Student Name (Last, First, M.I.)	Date of Birth	Social Security Number *	
	Address	City	Zip Code	
	Telephone Number () -			
	Parent/Guardian Name	Address (if different than above)		
	Name the Postsecondary Institution you plan to attend this term:			
	Do you plan to attend more than one Postsecondary Institution this year?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, name the other Postsecondary Institution(s):	
	Have you ever enrolled in program before now?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, name of Postsecondary Institution(s) attended:	Dates last attended:
	Minn. Stat. § 124D.09 requires that students and parents/guardians sign a statement indicating they have received information about the program, are aware that the counseling services are available and are aware of their responsibilities regarding participating in the program. We have received the information required under Minn. Stat. § 124D.09 and are aware that the above student is enrolling in postsecondary courses.			
Signature - Parent/Guardian (if student under 18)		Signature - Student	Date	

***Note:** Although you are not required to provide your social security number, failure to do so may lead to student misidentification, resulting in improper processing of program information and/or delay in payment of fees.

2	Name of Secondary School Attending	School Classification (check one only): <input type="checkbox"/> Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Home	Name of School District of Attendance	District Type & Number	
	Name of District of Student (if other than above)	District Type & Number	MARSS Student Number (Public Students Only)		
	Is the above student eligible for program application? (See reverse side for requirements)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF NOT ELIGIBLE, RETURN FORM TO STUDENT DO NOT CONTINUE PROCESSING				
	During Period of Attendance at Postsecondary Institution (respond to both items):				
	1. Will student be 21 years of age or older?		2. Students's Secondary grade level will be:		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12		
Total WEEKLY clock hours (excluding lunch periods) that the student's secondary school is in session: _____ Clock Hours		Estimated WEEKLY clock hours (excluding study halls) that the above student will be enrolled in SECONDARY courses for credit: _____ Clock Hours			
SECONDARY SCHOOL VERIFICATION	I certify that the student identified in Section 1 is eligible to enroll in the Postsecondary Enrollment Options (PSEO) Program this term, that the information in this Section is accurate and applicable to the student, and that the student, if twenty-one years of age or older, is enrolled in this district under the Graduation Incentives Program. If the above named school is a nonpublic school, student tuition shall be proportionally adjusted to reflect the above clock hours of postsecondary attendance.				
Secondary School Contact Person		Title	Telephone Number	Date	

3	Name and City of Postsecondary Institution	Term of Planned Attendance (check one only): <input type="checkbox"/> Qtr 1 <input type="checkbox"/> Qtr 2 <input type="checkbox"/> Qtr 3 <input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2			
	Postsecondary Institution Contact Person	Title	Telephone Number () -	Fax Number () -	
	COURSES TAKEN FOR SECONDARY CREDIT	COURSE NUMBER	COURSE CREDITS	POSTSECONDARY REGISTRATION VERIFICATION I certify that the student indicated in Section 1 above is registered this term for the courses indicated, that all courses indicated are non-sectarian in content, are not remedial or developmental, and, that the student has indicated to me that the courses are to be taken for secondary credit.	
	1				
	2				
	3				
	4				
5					
6					
			Signature		
			Title		
			Date		

Upon completion of Section 3, a **LEGIBLE** copy of this form must be mailed within 10 days by the postsecondary institution to the Minnesota Department of Education at the above address. Additionally, copies must be returned to the student indicated in Section 1 and the secondary school of attendance indicated in Section 2.